



CA DEPT. OF HOUSING & COMMUNITY DEVELOPMENT CODES & STANDARDS DIVISION

MANUFACTURED HOUSING PROGRAM MONTHLY REPORTING REQUIREMENTS

HCD – MH 473

HCD – MH 473 Quality Assurance Agency Information:

NOTE: All Monthly Reports are due (postmarked) to the Department by the fifteenth of each month.

- The HCD 473 form is required to be sent to HCD every month. It is a general overview displaying all QAA's manufacturers currently under contract in that reporting month.
- The 473 form displays a summary of the mfg's CA production, inspection activity and insignia issuance performed by the mfg & QAA.
- The 473 form is sent to HCD in conjunction with the HCD 441, 442 forms which detail each mfg's production for each unit type. (CM, SPCM, MUMH, FBH)
- If there has been no activity or no production by one of your client manufacturers, enter each mfg's name and write "No inspection/insignia issued this month" on the HCD-473 form adjacent to the mfg's name.
- See 25CCR Chapter 3, Section 4880 for more details.

QUALITY ASSURANCE AGENCY MONTHLY SUMMARY REPORT
Recreational Vehicle, Mobilehome, Commercial Coach, and Special Purpose Commercial Coach
(Part II)

Quality Assurance Agency: _____ Quality Assurance Agency No.: _____

Address: _____

Reporting Month/Year _____ Telephone () _____ Date: ____/____/____

List **ALL** CA manufacturers under contract here, even if the mfg has not produced any CA units for the reporting month

SECTION 11 - INSPECTION ACTIVITY AND INSIGNIA ISSUANCE SUMMARY

Manufacturer's Name		Manufacturer's I. D. Number	Type Unit	Total Inspections	Total Units Inspected	Total Units Reinsp.	Total CA Units Produced	% of CA Units Inspected	Total Insignia Issued	Total Insignia Assigned	Total Insignia Unassigned	Quality Control Program	
			1									Acceptable	2
												Yes	No

Obtain ID # from MH Program staff

Make sure the manufacturer's ID number is current & accurate.

If QC Program is not acceptable, Please explain reason in space provided on HCD – MH 442 or 441 form completed for that mfg.

Obtain ID # from MH Program staff

Make sure the manufacturer's ID number is current & accurate.

If QC Program is not acceptable, Please explain reason in space provided on HCD – MH 442 or 441 form completed for that mfg.

HCD-MH 473 (Rev.5/89)

1. Type Unit: MH=Mobilehome, CC=Commercial Coach, RV=Recreational Vehicle, SPCC=Special Purpose Commercial Coach

2. Refer to the Quality Assurance Agency Monthly Inspection and Insignia Issuance Summary HCD-MH 441/441B and/or HCD-MH 442/442B and Third-Party Inspection Reports.

HCD – MH 473 FORM, CONTINUED

SECTION II (Continued)

Page ____ of ____

Manufacturer's Name	Manufacturer's I. D. Number	Type Unit 1	Total Inspections	Total Units Inspected	Total Units Reinspected	Total CA Units Produced	% of CA Units Inspected	Total Insignia Issued	Total Insignia Assigned	Total Insignia Unassigned	Quality Control Program	
											Acceptable 2	
											Yes	No
<p>Total HCD inspections performed during month by QAA staff</p> <p>Total # HCD insignia issued to the mfg during the reporting month</p> <p>Total HCD insignia currently in mfg's inventory but not assigned or affixed to any particular unit</p> <p>Total HCD insignia affixed to a particular unit(s). This total shall equal the # listed in the HCD 441/442 forms</p> <p>This is a person identified in your QAA application as responsible for reviewing and verification of all information in the reports, or officer of agency</p>												
GRAND TOTAL												

SECTION III - CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name _____ Title _____ Date _____
(Signature) (Print)


1. Type Unit: MH=Mobilehome, CC=Commercial Coach, RV=Recreational Vehicle, SPCC=Special Purpose Commercial Coach
2. Refer to the Quality Assurance Agency Monthly Inspection and Insignia Issuance Summary HCD-MH 441/441B and/or HCD-MH 442/442B and Third-Party Inspection Reports.

HCD – MH 442 FORM

FOR COMMERCIAL MODULAR UNITS ONLY

- The 442 form tracks all required inspection activities & insignia issuance performed by QAA staff during the reporting month.
- Any time inspections or insignia are issued to an HCD unit, this form must be completed, in conjunction with the HCD-473 form.
- Upon completion of all inspection visits to your client mfg during the reporting month, all inspection data needs to be entered into the 442 form
- If a client manufacturer has not produced any CM units for CA sale, and has not received an inspection for compliance to HCD laws/regulations, this form is **not** required to be submitted to HCD for that manufacturer. (The 473 form, however, is required to be issued each month to HCD, listing all CA manufacturers)
- Remember to notify HCD within 10 days of any termination of manufactures' services, or of any new client manufacturer that the QAA provides services.

STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
P. O. BOX 31, SACRAMENTO, CA 95812-0031 (916) 445-3338

 QUALITY ASSURANCE AGENCY
MONTHLY INSPECTION AND INSIGNIA ISSUANCE SUMMARY
for
Commercial Coach
(Part I)

SECTION 1 - QUALITY ASSURANCE AGENCY/MANUFACTURER INFORMATION

QUALITY ASSURANCE AGENCY: _____

QUALITY ASSURANCE AGENCY NO.: _____ REPORTING MO./YEAR: _____

ADDRESS: _____ TELEPHONE: () _____

MANUFACTURER: _____ MFG. ID NO.: _____

PLANT ADDRESS: _____ TELEPHONE: () _____

SECTION 2 - INSPECTION SUMMARY

1. Number of Inspections Conducted (Include Reinspections): _____

2. Inspection Dates: _____

3. Number of Units Inspected: _____

4. Number of Units Held for Reinspection: _____

5. Number of Units Issued Insignia: _____

6. Assessment of Quality Assurance Agency Inspection Frequency and Manufacturer's Quality Control Program:
☐ Acceptable ☐ Needs Improvement (Explain below)

7. Number of Tests Witnessed: _____

8. Types of Tests Witnessed:

<input type="checkbox"/> Gas Piping System - Low Pressure	Date: _____
<input type="checkbox"/> Gas Piping System - 3 lb.	Date: _____
<input type="checkbox"/> Dielectric - 12 Volt System	Date: _____
<input type="checkbox"/> Dielectric - 120 or 120/240 Volt System	Date: _____
<input type="checkbox"/> Dielectric - 480 Volt System	Date: _____
<input type="checkbox"/> Polarity	Date: _____
<input type="checkbox"/> Continuity	Date: _____
<input type="checkbox"/> Operational	Date: _____
<input type="checkbox"/> Water Piping System	Date: _____
<input type="checkbox"/> Waste and Vent System	Date: _____

9. Requests for Plan Reconsideration Attached:
☐ No ☐ Yes
 (Identify) _____

HCD-MH 442 (Rev. 5/89)

HCD –MH 442 FORM

25CCR 4880(i)

- Fill top block with all information as requested. Make sure the mfg. ID # is current. If not sure, call the Department
- Enter total # of all CA inspections/reinspections conducted, dates of inspections, in spaces provided in Section 2.
- Section 2, line 6 is space provided to notify the Department of any problems in the mfg facility that may affect the QC function or ability of the mfg to produce units complying with the regulations/law.
- Enter information on tests conducted during inspection visit, line 7 & 8.

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DIVISION OF CODES AND STANDARDS
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QUALITY ASSURANCE AGENCY
MONTHLY INSPECTION AND INSIGNIA ISSUANCE SUMMARY
for
Commercial Coach
(Part I)

SECTION 1 - QUALITY ASSURANCE AGENCY/MANUFACTURER INFORMATION

QUALITY ASSURANCE AGENCY: _____

QUALITY ASSURANCE AGENCY NO.: _____ REPORTING NO./YEAR: _____

ADDRESS: _____ TELEPHONE: () _____

MANUFACTURER: _____ MFG. ID NO.: _____

PLANT ADDRESS: _____ TELEPHONE: () _____

SECTION 2 - INSPECTION SUMMARY

1. Number of Inspections Conducted (Include Reinspections) _____

2. Inspection Dates: _____

3. Number of Units Inspected: _____

4. Number of Units Held for Reinspection: _____

5. Number of Units Issued Insignia: _____

6. Assessment of Quality Assurance Agency Inspection Frequency and Manufacturer's Quality Control Program:
☐ Acceptable ☐ Needs Improvement (Explain below) _____

7. Number of Tests Witnessed: _____

8. Types of Tests Witnessed:

☐ Gas Piping System - Low Pressure Date: _____

☐ Gas Piping System - 3 lb. Date: _____

☐ Dielectric - 12 Volt System Date: _____

☐ Dielectric - 120 or 120/240 Volt System Date: _____

☐ Dielectric - 480 Volt System Date: _____

☐ Polarity Date: _____

☐ Continuity Date: _____

☐ Operational Date: _____

☐ Water Piping System Date: _____

☐ Waste and Vent System Date: _____

9. Requests for Plan Reconsideration Attached:
☐ No ☐ Yes
 (Identify) _____

HCD-MH 442 (Rev. 5/89)

25CCR 4880(i)

SECTION 3 - INSIGNIA ISSUANCE REPORTING
Commercial Coach

QUALITY ASSURANCE AGENCY _____

QUALITY ASSURANCE AGENCY NO. _____

MANUFACTURER _____

Page ____ of ____

Enter all data as noted in header

MONTH/YEAR OF REPORT _____

MFG. ID NO.: _____

Serial No.	Model	Plan Approval No.	Roof L.L.	Floor L.L.	Wind L.L.	Occ.	Elec.	Plumb.	Mech.	Fire Safety	HCD Insignia	Prod. Loc. at Inspection	Date of Mfg.	Name and Address of Purchaser	Destination (Include Complete Address)	No. of Sections
<div style="position: relative;"> <div style="position: absolute; top: 10%; left: 10%; width: 30%; border: 1px solid black; padding: 5px;"> Enter all unit Design Loads- matching the data entered on the insignia- '91 UBC </div> <div style="position: absolute; top: 10%; left: 35%; width: 30%; border: 1px solid black; padding: 5px;"> Occupancy Group-Construction Type as noted on approved plan & same as shown on insignia (B-2, E-2, etc.) </div> <div style="position: absolute; top: 10%; left: 60%; width: 30%; border: 1px solid black; padding: 5px;"> The location the unit was inspected by QAA in facility-floor, roof, etc station </div> <div style="position: absolute; top: 40%; left: 35%; width: 30%; border: 1px solid black; padding: 5px;"> The sub-panel rating -same as entered on insignia, in Amperes </div> <div style="position: absolute; top: 70%; left: 25%; width: 40%; border: 1px solid black; padding: 5px;"> Note: All Design loads, Occupancy Group classification to be in accordance with the '91 UBC </div> <div style="position: absolute; top: 60%; left: 75%; width: 25%; border: 1px solid black; padding: 5px;"> Enter the complete purchaser name, destination address for each CM unit here. Enter "same" if same address as purchaser </div> </div>																

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed here by responsible QAA representative/Officer

Name _____
(Signature)

Title _____

Date _____

1 Designate *1* if an individual unit (section); if of multisection design, designate M1 - first section, M2 - second section, M3 - third section, etc.

HCD-MH 442 FORM – 2nd page, Section 3

EXAMPLE

SECTION 3 - INSIGNIA ISSUANCE REPORTING Commercial Coach

Page ____ of ____

QUALITY ASSURANCE AGENCY _____

QUALITY ASSURANCE AGENCY NO. _____ MONTH/YEAR OF REPORT _____

MANUFACTURER _____ MFG. ID NO.: _____

Serial No.	Model	Plan Approval No.	Roof L.L.	Floor L.L.	Wind L.L.	Occ.	Elec.	Plumb.	Mech.	Fire Safety	HCD Insignia	Prod. Loc. at Inspection	Date of Mfg.	Name and Address of Purchaser	Destination (Include Complete Address)	No. of Sections
2701	59B	FP-286	200	150	70 mph	B-4	200	n/a	AC	FS-200	128699	Frame	6/3/02	Dave's Cell Biz 89 Main St. San Diego, CA	179 Hwy 505 Vacaville, CA	1
2702	"	"	"	"	"	B-4	150	n/a	"	"	128700	roof	6/9/02	same	same	1

For "Fire Safety" use following abbreviations: **E** = # of exits, **FD** = Fire Detectors, **FE** = Fire Extinguishing System, **FS** = Flame Spread No. of wall mtrl.

For any Plumbing system installed on the unit, use abbreviations: **B** = bathtub, **L** = lavatory, **S** = sink, **T** = toilet

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name _____ Title _____ Date _____
(Signature) (Print)

1. Designate * I * if an individual unit (section); if of multisection design, designate M1 - first section, M2 - second section, M3 - third section, etc.

HCD-MH 441FORM

FOR REPORTING SPCM, FBH, MUMH UNITS ONLY

REFER TO 25 CCR SECTION 4880(f)

- The HCD-MH 441 form is used by QAAs in conjunction with the HCD 473 form. While the 473 form displays inspection and/ or insignia activity for all of the QAA's client manufacturers, the 441 form shows the inspection activity for each individual manufacturer.
- If your client manufacturer has produced a SPCM, MUMH, FBH unit bearing HCD insignia, it must be reported on this form.
- Refer to Title 25, Chapter 3, Section 4880(f) for the applicable regulations.
- Section 1 is required to be completed in its entirety, for each client manufacturer that is reporting inspections and/or insignia issuance. –(CA product only.)
- Section 2 may be only partially completed if the QAI was unable to witness all systems testing.
- Section 3 shall be completed in full, detailing your inspection on each unit and of any HCD insignia affixed.
- Factory-built housing dwellings or building components are listed differently on this form. FBH building components (SIP panels) need not be listed separately (see example on Slide # 12)

HCD-MH 441FORM

FOR REPORTING SPCM, FBH, MUMH UNITS ONLY

REFER TO 25 CCR SECTION 4880(f)

- Completely fill out Section 1 as indicated on form.
- Enter QAA ID# here
- Mfg's ID # here
- Obtain ID # from HCD only.
- Complete Section 2 as indicated. Show only inspection dates, no. of units inspected, etc., *only* on units designated for CA sale, rent, lease, NOT units that may have been inspected for other States and do not bear HCD insignia.
- Assess Mfg's QC Program, if there are problems needing attention by HCD in this section or attach separate form.
- Enter any systems tests witnessed on CA units only

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
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P.O. BOX 31, SACRAMENTO, CA 95812-0031 (916) 445-3338

**QUALITY ASSURANCE AGENCY
MONTHLY INSPECTION AND INSIGNIA ISSUANCE SUMMARY**

Check One:

☐ Special Purpose Commercial Coach ☐ Factory Built Housing
☐ Multi-Unit Manufactured Housing

SECTION 1 - QUALITY ASSURANCE AGENCY/MANUFACTURER INFORMATION

QUALITY ASSURANCE AGENCY: _____
 QUALITY ASSURANCE AGENCY NO.: _____ REPORTING MO./YEAR: _____
 ADDRESS: _____ TELEPHONE: () _____
 MANUFACTURER: _____ MFG. ID NO.: _____
 PLANT ADDRESS: _____ TELEPHONE: () _____

SECTION 2 - INSPECTION SUMMARY

1. Number of Inspections Conducted (Include Reinspections) _____ 7. Number of Tests Witnessed: _____
 2. Inspection Dates: _____ 8. Types of Tests Witnessed:
 _____ ☐ Gas Piping System-Low Pressure Date: _____
 _____ ☐ Gas Piping System Date: _____
 _____ ☐ Dielectric - 12 Volt System Date: _____
 3. Number of Units Inspected: _____ ☐ Dielectric - 120 or 120/240 Volt System Date: _____
 4. Number of units Held for Reinspection: _____ ☐ Polarity Date: _____
 5. Number of Units Issued Insignia: _____ ☐ Continuity Date: _____
 6. Assessment of Manufacturer's QC Program: ☐ Operational Date: _____
☐ Acceptable ☐ Needs Improvement (Explain Below) _____
 _____ ☐ Water Piping System Date: _____
 _____ ☐ Demand System Date: _____
 _____ ☐ Waste and Vent System Date: _____

HCD-MH 441 (Rev. 6/97)

HCD-MH 441FORM

PAGE 2 - FOR REPORTING SPCM, FBH, MUMH UNITS

REFER TO 25 CCR SECTION 4880(f)

SECTION 3 - INSIGNIA ISSUANCE REPORTING
 Recreational Vehicle, Multi-Unit Manufactured Housing, Special Purpose Commercial Coach and Factory Built Housing

QUALITY ASSURANCE AGENCY _____ Page ____ of ____

MANUFACTURER _____ MFG. ID NO. _____ REPORTING MONTH/YEAR _____

Make and Model (Exactly as on App. For Plan Approval)	Complete Unit Serial Number	Plan Approval No. or "Visual" (100% Insp.) 1	Unit Type 2	HCD Insignia Number(s)	Date of Mfg.	Prod. Loc. At Inspection	Name & Address of Purchaser	Destination (Include Complete Address)
Model name here	Serial no.							
							Enter both the purchaser's and final site name, address location for Dept. on-site monitoring	
If Mfg is not on a QC Program, and is obtaining complete insp. of each unit, write 100% here								
						Enter location (wall, floor, roof, yard, station etc) the unit was inspected at the facility		

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ALL ATTACHMENTS
 TO THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME: _____ (SIGNATURE) _____ (PRINT) _____ TITLE _____ DATE: _____

Name of responsible QAA representative & date here

1. As permitted by CCR, Title 25, Ch. 3, Section 4878(d), "Visual" applies only to Recreational Vehicles and Special Purpose Commercial Coaches.

2. Unit Type: **M** = Multi-Unit Manufactured Housing, **TT** = Travel or Tent Trailer, **MH** = Motor Home, **TC** = Truck Camper or Camper, **PT** = Park Trailer, **SPCC** = Special Purpose Commercial Coach, **BC** = FBH Building Component, **BS** = FBH Building System

HCD-MH 441FORM

SPECIAL INSTRUCTIONS FOR REPORTING FBH UNITS ON A 441 FORM

SECTION 3 - INSIGNIA ISSUANCE REPORTING

Recreational Vehicle, Multi-Unit Manufactured Housing, Special Purpose Commercial Coach and Factory Built Housing

QUALITY ASSURANCE AGENCY ENF Engineering

Page 2 of 2

MANUFACTURER Slam Dunk

MFG. ID NO. 65

REPORTING MO, /YEAR June 97

Make and Model (Exactly as on App. For Plan Approved)	Complete Unit Serial Number	Plan Approval No. or "Visual" (100% Insp.) 1	Unit Type 2	HCD Insignia Number(s)	Date of Mfg.	Prod. Loc. At Inspection	Name & Address of Purchaser	Destination (Include Complete Address)
_____	985A	ENF 48	BS	A015298	6/20	Walls	Waldo Homes 169 Main Street Windsor, CA 92217	_____
FBH building systems (Orange insignia) must have serial # and be listed on this form separately	_____	ENF 101	BC	D 555555 thru D 556600	June	_____	Patio Builders 8989 Main Street Garden, CA 92218	_____

FBH building components (Red insignia) are usually mass-produced, and do not have serial numbers, so a range of insignia produced for the same purchaser, same destination may be shown instead of listing each insignia number individually.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME: Joe Agency, P.E. (SIGNATURE) JOE AGENCY (PRINT) TITLE: Manager DATE: 6/30/97

1. As permitted by CCR, Title 25, Ch. 3, Section 4878(d), "Visual" applies only to Recreational Vehicles and Special Purpose Commercial Coaches.

2. Unit Type: M=Multi-Unit Manufactured Housing, TT=Travel or Tent Trailer, MH=Motor Home, TC=Truck Camper or Camper, PT=Park Trailer, SPCC= Special Purpose Commercial Coach, BC=FBH Building Component, BS=FBH Building System

HCD MH 448 FORM

QAA MONTHLY FIRE SPRINKLER INSTALLATION REPORT

- This form is for HCD-QAAs which have a (HUD) manufactured home client manufacturer installing fire sprinkler systems in MH units for sale in CA.
- The QAA must have a Fire Sprinkler contract on file with this manufacturer.
- This form records QAA inspections of all fire sprinkler systems within the reporting month.
- Sections I and II are completed as noted, similar to other HCD forms.
- Section III, note total # of **homes** inspected during reporting month.
- Section II, list all other information as noted on form
- NOTE: This form is also used for Multi-Unit Manufactured Home construction that contains fire-sprinkler system installation. Use the abbreviations to designate the difference on the form.

[illegible]

HCD-MH 472 FORM

DESIGN APPROVAL AGENCY MONTHLY REPORTING

REFER TO 25 CCR SECTION 4880(a)

- This form describes all DAA activities performed for your HCD clients currently under contract for DAA services
- Complete Section 1 in its entirety each month, regardless of activity or lack of activity of your clients
- If none of your DAA clients have submitted plans, manuals for approval or amendment, write “No DAA Activity this month” across Section II
- If any plans , manuals were approved during the reporting month, list them separately in the corresponding columns below this header
- Example: _____

[illegible]

HCD-MH 472 FORM -pg 2

REFER TO 25 CCR SECTION 4880(a)

- This side is a continuation of the front of the 472 form, allowing a continuous list of client mfgs reporting DAA activity in the reporting period.

- Shown here is an example of a report of 2 commercial modular plans & 1 QC manual approved by the DAA

- QAAs are to send a check for the total monitoring fees to the MH Program Administrative Office, PO Box 31, Sacramento, CA 95812-0031. Attach the check to the 472 form

- QAAs are to make a *copy* of the 472 form & attach it to the stamped plans or QC manual copies, amended plans, etc., & forward to the HCD Northern Area Office, PO Box 1407, Sacramento CA 95812 for plan monitoring.

9/29/2003

[illegible]

(SECTION II CONTINUED)

PAGE 2 OF _____

[illegible]

*TYPE= CC=COMMERCIAL COACH, MUMH=MULTI-UNIT MANUFACTURED HOME, SPCC=SPECIAL PURPOSE COMMERCIAL COACH, FS=FIRE SPRINKLER SYSTEM (Manufactured Home Only)

SECTION III FEE COMPUTATION

Total MUMH and CC Plans Approved:.....	2	x \$25 =	\$50
Total SPCC Plans Approved:.....		x \$10 =	
Total Fire Sprinkler Plans Approved:		x [n/a] =	
Total Plan Amendments Approved:.....		x \$3 =	
Total QA Manuals Approved:		x \$10 =	
Total QA Manual Amendments Approved:	1	x \$3 =	\$10

SECTION IV CERTIFICATION


I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

NAME (SIGNATURE): _____ TITLE: _____ DATE: _____

HCD-MH 472 Rev: 3/01

HCD-MH 440 Form Request for Insignia

- This form is used to order a supply of insignia from HCD.
- QAA fills out Section 1, sign, attach calculated fees and mail to HCD MH Program Office, PO Box 31, Sacramento CA 95812-0031
- MH Program staff fills out Section 2, mails to QAA. If QAA has special mailing request, overnight, etc, provide account #, mailer and instructions to Program staff.
- QAA insignia administrator checks insignia shipment for error, damage, completes Section 3, signs and returns to HCD.

 <div> STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT DIVISION OF CODES AND STANDARDS P.O. Box 31, Sacramento, CA 95812-0031 (916) 445-3338 </div>		DEPARTMENT USE ONLY
		Col. No. _____ Fee Rec'd _____ Date _____
REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY		
SECTION 1 - REQUEST FOR HCD INSIGNIA		
QUALITY ASSURANCE AGENCY NAME AND ID NO: _____		
ADDRESS: _____		TELEPHONE: _____
INSIGNIA TYPE REQUESTED: <input checked="" type="checkbox"/> Commercial Modular (CM) <input type="checkbox"/> Special Purpose Commercial Modular (SPCM)		
<input type="checkbox"/> FBH Dwelling Unit Label (orange) <input type="checkbox"/> Multi-Unit Manufactured Home (MUMH) <input type="checkbox"/> FBH Building Component Label (red)		
NO. OF INSIGNIA REQUESTED: _____		
No. of MUMH, CM or SPCM insignia Requested: <u>100</u>		@ \$48.00 ea. = \$ <u>\$4,800</u> (Total Fees Submitted)
No. of FBH Building Component Label Requested: _____		@ .85 Cents ea. = \$ _____ (Total Fees Submitted)
No. of FBH Dwelling Unit Label Requested: _____		@ \$62.00 ea. = \$ _____ (Total Fees Submitted)
INSIGNIA ADMINISTRATOR: <u>Gretchen Johnson</u>		DATE: <u>12-23-02</u>
(Sign)		(Print)
SECTION 2 - INSIGNIA SHIPMENT		
TYPE SHIPPED: <input type="checkbox"/> Commercial Modular (CM) <input type="checkbox"/> Special Purpose Commercial Modular (SPCM)		
<input type="checkbox"/> FBH Dwelling Unit Label (orange) <input type="checkbox"/> Multi-Unit Manufactured Home (MUMH) <input type="checkbox"/> FBH Building Component Label		
QUANTITY SHIPPED: _____ INSIGNIA NO.: _____ THROUGH & INCLUDING NO.: _____		
ISSUED BY: _____ DATE: _____		
SECTION 3 - INSIGNIA RECEIVING REPORT		
DATE RECEIVED: _____		QUANTITY RECEIVED: _____
INSIGNIA NO.: _____		THROUGH AND INCLUDING NO.: _____
I have carefully inspected this shipment of HCD Insignia and certify that all insignia received are in satisfactory condition and are correct as indicated in Section 2, except as follows:		
(ENTER ANY INSIGNIA NUMBER(S) AFFECTED)		
<input type="checkbox"/> Missing: _____	<input type="checkbox"/> Damaged: _____	
<input type="checkbox"/> Duplicate: _____	<input type="checkbox"/> Misprint: _____	
<input type="checkbox"/> Other: _____		
Insignia identified as Damaged, Misprint, Duplicate, and/or Other must be returned to HCD with this form.		
INSIGNIA ADMINISTRATOR: _____		DATE: _____
(Sign)		(Print)
HCD-MH 440 (Rev. 11/02)		

Please mail UPS Overnight, Account # 5965A93, attention Gretchen!

THIRD-PARTY AGENCY/MANUFACTURER CONTRACT

See 25CCR, Section 4874

- All QAAs, DAAs must execute written contracts with clients that they will provide HCD services for.
- QAA/DAAs shall send a copy of the contract to HCD within 10 days of execution OR within 10 days of termination of QAA/DAA services with a manufacturer.
- The contracts are the key document that notifies the MH Program staff that a relationship has been either established or discontinued between two parties.
- Contracts MUST BE KEPT CURRENT in order for the monthly report data to be accepted into the HCD database. Insignia/inspection data entered into the HCD database searches for a relationship between the manufacturer & third party agency.
- If HCD is not notified of a new contract OR a contract termination, the database will prompt the MH Program staff that there is no contract between the QAA/DAA and the manufacturer for that time period.

THIRD-PARTY AGENCY/MANUFACTURER CONTRACT

See 25CCR, Section 4874

- Copies of contracts shall be forwarded to HCD within 10 days of signing contract agreement for QAA/DAA services, or for the termination of those services.
- Use this form as a cover letter to your contract copy that is submitted to HCD
- This form contains important information that HCD staff enters into the database, and must be accurate.
- **Remember to also notify us within 10 days of any contract terminations!**
- Contact HCD to obtain blank copies of this form, or develop your own.

NOTICE OF THIRD-PARTY CONTRACT			
Pursuant to Title 25, CCR §4874 third-party entities and manufacturers shall execute written contracts describing all services to be rendered by the third-party. A copy of each contract, or contract cancellation shall be transmitted to the department within 10 days of the effective date of the contract or contract termination. Please attach this completed form along with your standard contract submittal, or use this notice as a contract termination notice to HCD.			
1. THIRD- PARTY AGENCY NAME _____			
2. THIRD-PARTY AGENCY ID NUMBER _____			
3. MANUFACTURER'S LEGAL NAME _____			
4. MANUFACTURER'S BUSINESS NAME (if different from above) _____			
5. MANUFACTURES PHYSICAL ADDRESS: _____			
6. THE MANUFACTURER INTENDS TO PRODUCE THE FOLLOWING UNIT TYPES: Commercial Coach Special Purpose Commercial Coach Multi-Unit Manufactured Housing Manufactured Homes – Fire Sprinkler System installation Factory-Built Housing			
7. THE THIRD-PARTY AGENCY WILL PROVIDE THE FOLLOWING SERVICES: <table border="0"><tr><td>QAA</td><td>DAA</td></tr></table>		QAA	DAA
QAA	DAA		
8. EFFECTIVE DATE OF THIS CONTRACT IS: _____			
9. EFFECTIVE DATE QAA OR DAA SERVICES WERE TERMINATED: _____			
10. REASON FOR CONTRACT TERMINATION: _____			
PRINT NAME OF THIRD-PARTY REPRESENTATIVE: _____			
SIGNATURE _____ DATE _____			

REVISED: AUGUST '01

MANUFACTURER CERTIFICATE OF ORIGIN (MCO)

HCD 483.0 FORM

- **NOTE: The MCO document information is presented for your information only and is not part of the QAA/DAA monthly report submitted to HCD.**
- The MCO document is a form required to be completed by HCD MANUFACTURERS, DEALERS only.
- MCOs are meant to be the "Birth-Certificate" for MH, CM structures, recording the mfg, dealer names, addresses & license numbers, lender's name, insignia number & other details of each unit.
- HCD-Licensed manufacturers are required to complete this form, for all (HUD) Manufactured Homes, (HCD) Multi-Unit Manufactured Homes, and Commercial Modular units. MCOs are submitted to HCD upon release of the units from the factory.
- **MCOs are NOT to be used for SPCM or FBH units.**
- Each MCO document, like the HCD insignia, are a controlled and numbered item individually assigned to each licensed manufacturer & dealer.

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
MANUFACTURED HOUSING PROGRAM

NUMBER: 8695787

MANUFACTURER CERTIFICATE OF ORIGIN

☐ CHECK IF THIS IS A DUPLICATE MCO-ENTER ORIGINAL MCO NO.

MANUFACTURED HOME OR MULTI-UNIT MANUFACTURED HOUSING
☐ SFD (SINGLE FAMILY DWELLING) ☐ MUMH (MULTI-UNIT MANUFACTURED HOUSING)

NUMBER OF TRANSPORTABLE SECTIONS _____

COMMERCIAL COACH:
OCCUPANCY GROUP B-2

MANUFACTURER NAME: Walden Structures, Inc. MANUFACTURER LICENSE NUMBER: MF920098

MANUFACTURER ADDRESS: 3100 Jefferson Street, Riverside, CA 92504 SUGGESTED RETAIL PRICE: _____

MANUFACTURER TRADE NAME: W S I MODEL NAME AND/OR NUMBER: Custom 156X77 DATE OF MANUFACTURE: 11/15/2002

NAME OF DEALER OR TRANSFeree (OWNERSHIP TRANSFERRED TO): Design Space CALIF. DEALER NUMBER OR TRANSFeree DESIGNATION: DL1071614 DATE OF TRANSFER: 11/15/2002

DEALER OR TRANSFeree ADDRESS: 10631 Banana Ave, Fontana, CA 92337

INVENTORY CREDITOR NAME: _____

INVENTORY CREDITOR ADDRESS: _____

SECTION (1-5)	MANUFACTURER SERIAL NUMBER	HCD INSIGNIA OR HUD LABEL NUMBER	LENGTH (INCHES)	WIDTH (INCHES)	WEIGHT (POUNDS)
1	WSI-1272-13668	1309	364	144	20,400

TRANSPORTER NAME: _____

TRANSPORTER ADDRESS: _____

DESTINATION FOR UNIT DESCRIBED ABOVE: Kaiser Chart Room, 9961 Sierra Ave, Fontana, CA 92335

I certify under penalty of perjury under the laws of the State of California that the above facts are true and correct.

Executed on 11/27/2002 at Riverside, Riverside, CA

SIGNATURE OF AUTHORIZED AGENT: _____

DISTRIBUTION: ORIGINAL (PINK) COPY 1 (WHITE) COPY 2 (YELLOW) COPY 3 (GOLDENROD)

FORWARD TO THE DEPARTMENT AT P.O. BOX 1828, SACRAMENTO, CA 95812-1828, WITHIN FIVE (5) DAYS OF RELEASE. DELIVER TO THE TRANSPORTER TO ACCOMPANY THE UNIT TO ITS DESTINATION. TO BE RETAINED BY THE MANUFACTURER.

HCD 483.0 - Side 1 - (7/97)

Commercial Modular Insignia

THIS INSIGNIA REMAINS PROPERTY OF THE
STATE OF CALIFORNIA DEPARTMENT OF
HOUSING AND COMMUNITY DEVELOPMENT
A COMMERCIAL COACH BEARING A DEPARTMENT
INSIGNIA SHALL NOT HAVE ITS CONSTRUCTION,
PLUMBING, MECHANICAL OR ELECTRICAL EQUIPMENT
OR INSTALLATIONS ALTERED OR CONVERTED UNLESS APPROVAL IS
FIRST OBTAINED FROM THE DEPARTMENT. HEALTH AND SAFETY CODE,
DIVISION 13, PART 2. THIS COMMERCIAL COACH APPROVED AS HAVING
BEEN IN COMPLIANCE WITH RULES AND REGULATIONS FOR COMMERCIAL
COACHES CA ADMIN. CODE, TITLE 25, CHAPTER 3 AS NOTED HEREON.

THE GREAT SEAL OF THE STATE OF CALIFORNIA

ROOF LIVE LOAD	20 PSF	FLOOR LIVE LOAD	50 PSF
WIND LOAD	15 PSF	OCCUPANCY	B-2
ELECTRICAL	NONE	MECHANICAL	NONE
PLUMBING	NONE	FIRE SAFETY	E-1 FS

CC 104492 S VOID

SELLER
CERTIFIES TO
COMPLIANCE

Design Load information-
Required all units

Electrical Panel Rating
(In amperes) If
installed

Type of plumbing fixture,
if installed.

T= toilet, L= lavatory,
S= sink,
B= bathtub or shower

Occupancy group/type
from '91 UBC- required
info.

Mechanical equipment,
If installed:

AC= air conditioning
H= heating equipment

Fire Safety:

E= # of exit doors on unit
FS= interior flame spread
rating
FE= fire extinguishing equip
FD=fire detector devices
installed on this unit

Serial no., required
info., filled-in by 3rd-
party agency or mfg.